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The effect of sexual cognitive reconstruction therapy on sexual problems of couples

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Abstract

In this research experimental methods with preparing pretest and posttest with control group were used. That has been done in order to determine the effect of Sexual Cognitive Reconstruction Therapy on sexual problems of couples who refer to Mehrasa consultation center in Isfahan (IRAN). The samples of this research were 20 couples that were selected randomly from the research community and were classified in two groups of test and control. Evaluation tool of Questionnaire was Hooper sexual problems and Sexual Cognitive Reconstruction therapy. Before starting therapy both groups answered the questionnaire of sexual problems and then experimental group was trained and therapy for 8 sessions, each session 1.5 hours, and at the end of this term, again the questionnaire was completed by both groups. And by using analysis of data covariance, were analyzed. Data showed that Sexual Cognitive Reconstruction Therapy can reduce sexual problems of couples. And doing this Therapy has helped raising quality of marital life of experimental group.

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1. Introduction

Sexual dysfunction created in any way, have many negative consequences. Existing studies show that sexual deficits are closely associated with social problems such as sexual offenses, sexual rape, mental illness and divorce (Hulbert, 1994)

Nervousness, abdominal and back pain, inability to concentrate and even inability to perform common tasks are some other consequences of failure to satisfy the sexual instinct, while ideal sexual function for establishing family basis and a basis to obtain an established culture. (Jahanfar & et al, 2006)

Cognitive reconstruction is based on the assumption that some emotions are caused by unrealistic expectations. According to Ellis (1997) research in cognitive reconstruction, people can learn rebuilding their irrational beliefs and learn these lessons well, and so they can remove something that is well- learned but incompatible behavior. Ellis has reported some cases that emotional – rational treating has been successful in solving problems like cold natured, sexual dysfunction, marital complaints, and psychosis. (Olia, 2007) If the person's mind is occupied with illogical reasoning and incorrect interpretations, s/he will be blind and deaf to reality and will annoy himself and his wife by bad judgment and improper action. (Rafiee Bandari, 2006)

Educating cognitive reconstruction provides learning opportunities for cognitive, sexual problems, and prevents many problems. People for many reasons, including inadequate knowledge of each other, sex and marital life experience several problems. Cognitive reconstruction can help people for getting information, ideas and skills. Also

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it gives some sexual information and knowledge for a common goal and satisfying the sexual needs and the balance in personal, family and society life. (Bryman et al, 2002). Researchers have found that an irrational belief in marital sex life is a strong predictor for distress of marital life. Therefore they suggest that treatment programs for the ineffectiveness of relation should be based cognitive reconstruction of the spouses. (Eidelson & Epstein, 1982). Bishay (1988) treat women with abnormal sex using cognitive restructuring, and both were treated successfully in two single-case studies.

Studies conducted by Christopher and Esperechr (2000) also indicate that sexual satisfaction is associated with high levels of marital satisfaction. Overall marital happiness is associated with sexual satisfaction. Happy couples are more satisfied with their sexual lives than unhappy couples. (Hunt quoted by Sapington, 2005)

Ogberner and Mayer quoted Olia 2007, concluded that sexual relations are not main reason for separations but 30% of couples' dissatisfaction is because of their sexual problems and if it continues, it can damage marriage. Since couples' conflicts cause inconsistency and lack of compatibility between them.

Those with marital satisfaction are satisfied in other relations too. Sexual satisfaction is dependent on relational satisfaction and emotional satisfaction in relations. (Christopher & et al 2000)

Shame of talking about sexual affairs, lack of proper understanding of sexual problems and lack of enough information in this field are some of effective reasons in creating sexual problems in primary experiences of marital life. In this regard, the Jahanfar believes that the type of a partner's behavior is an important tool in communicating deep emotional relation with him/her and sexual adequacy is necessity to obtain the full physical experience love. Continuous and regular sexual behavior that occurs in couples helps the couples to be able to establish mutual love. Lack of warm relations and inability in revelation and exchange of emotions is from specifications of couples who suffer sexual in activities. The common feature of the couples who refer to medical clinics is that, they have encountered problems in their sexual lives (Besharat, 1998).

The results Esere, M.O. & Idowu, A.I. (2000) showed that Cognitive Restructuring Training Program was effective in marital conflict resolution. It was also found that the treatment was not affected by gender.

The results Esere, (2010) showed that NEGOST and CORTP were effective in resolving the participants' marital conflicts thereby leading them to optimal marital relationship. CORTP, however, they found to be more effective in resolving marital conflicts.

Ritzr Research (2000) in the context of marital problems showed that sexual problems and dissatisfaction in the first year of life is associated with increased likelihood of divorce in the second year .

Yazdani (2005) quated by lotfi 2011 showed that agreement on the quality and style of sexual relation, and its resulted desire is highly effective on marital satisfaction and promotes better mental health in wife and husband. Generally, marital happiness is related to sexual satisfaction. Happy couples have more sexual relations than unhappy ones.

Totally, it can be said that sexual inactivity poses major problems in married life (Donnelly, 1993). Findings of Morokoff & Gilliland (1993) also affirm the relation between marital satisfaction and different aspects of sexual functioning including sexual satisfaction, impression of spouse's sexual satisfaction, and the number of sexual intercourses. It can be said that sexual intimacy relates to emotional intimacy, and intercourse quality is the starting-point of many marital problems (Harbin & Gambel, 1977).

Incorrect beliefs and inaccurate actions as stressor factor can effect entire marital relationship. Insufficient or incorrect information, adverse thoughts and beliefs about sexual matters and anxiety are some of popular sexual problem .Remedy of these problems can help couples to reach ideal intercourse.

The aim of research is to determine the effect of Sexual Cognitive Reconstruction Therapy on sexual problems of couples who refer to Mehrasa consultation center in Isfahan (IRAN).

2. Method & material:

In this research experimental methods with preparing pretest and posttest with control group were used. The samples of this research were 20 couples (40 men and women) that were selected randomly from the research community and were classified in two groups of test and control. Evaluation tool of Questionnaire was Hooper sexual problems and Sexual Cognitive Reconstruction therapy. Before starting therapy both groups answered the

questionnaire of sexual problems and then experimental group was trained and therapy for 8 sessions, each session 1.5 hours, and at the end of this term, again the questionnaire was completed by both groups. This study analyzed data from the descriptive statistics such as frequency tables, graphs, calculate averages, standard deviations, and inferential statistical indicators and for hypothesis testing factor analysis of covariance method is used. Tools used: 1 – Sexual Problems Questionnaire 2 - Sexual cognitive restructuring therapy.

2.1. Six-fold Hooper questionnaire of sexual problems

This questionnaire was provided by Annie Hooper (1995) in a training multimedia program (the ultimate sex guide) and analyses different aspects of sexual problems. There are 6 scales which provide one sexual profile, although, the questionnaires can be used separately.

There are six questionnaires deal with different aspect of your sexuality each of the following questionnaires is concerned with some aspects of sex. There are a total of 80 questions.

Table 1: Chronbach's alpha of 6-fold sex Hooper questionnaire

Hooper 6 fold sex aspects	Sexual Knowledge	Sexual confidence	Sexual Well-Binge	Sexual motivation	Sensuality	Sexual satisfaction	Total
Chronbach's Alpha	.957	0.915	0.960	0.906	0.745	0.801	.982
N of Items	20	15	15	10	10	10	80

This questionnaire has been fully standardized by researcher in Iran, and is used in this study and previously just two scales of it have been used only by Ms. Eshghi in her research. Research of Eshghi (2008) used questionnaire of sexual knowledge and sexual confidence and the given alpha were 0.70 and 0.72 respectively which is 0.95 and 0.91 in this research.

Chronbach's alpha coefficient was used in internal consistency of the entire questionnaire and the coefficient equals to 0.98. The overall credit is acceptable. Content validity of the questionnaire was confirmed by five counseling and psychology professionals.

2.2. Cognitive Restructuring therapy and training

Include: couples' awareness of kinds of illogical and spontaneous thoughts, training of ABC principles, and confrontation methods to illogical believes, training discussion method for correcting illogical believes.

Improvement sexual relationship training and Educating cognitive restructuring sexually dysfunctional couples' thoughts, improving sexual thought. Include: expressing the importance of sexual relationship, expressing the cycle of sexual problems, preventive factors of a correct sexual relationship, determining incorrect sexual myths. preventive factors in correct sexual relation - detecting incorrect sexual myths - to eliminate the negative sexual beliefs and myths - familiarity with the correct attitudes and misconceptions of couples about sex- describing the impact of negative thoughts and attitudes on establishing sex - Cognitive restructuring of dysfunctional sexual thoughts of couples.

3. Result

The findings suggest that the average age for case group is 37.55 years and for mean scores for married time 14.90 years. For the average age in control group is 38.50 years and for mean scores for married time 12.50 years. The marriage duration was between 3 to 15 years.

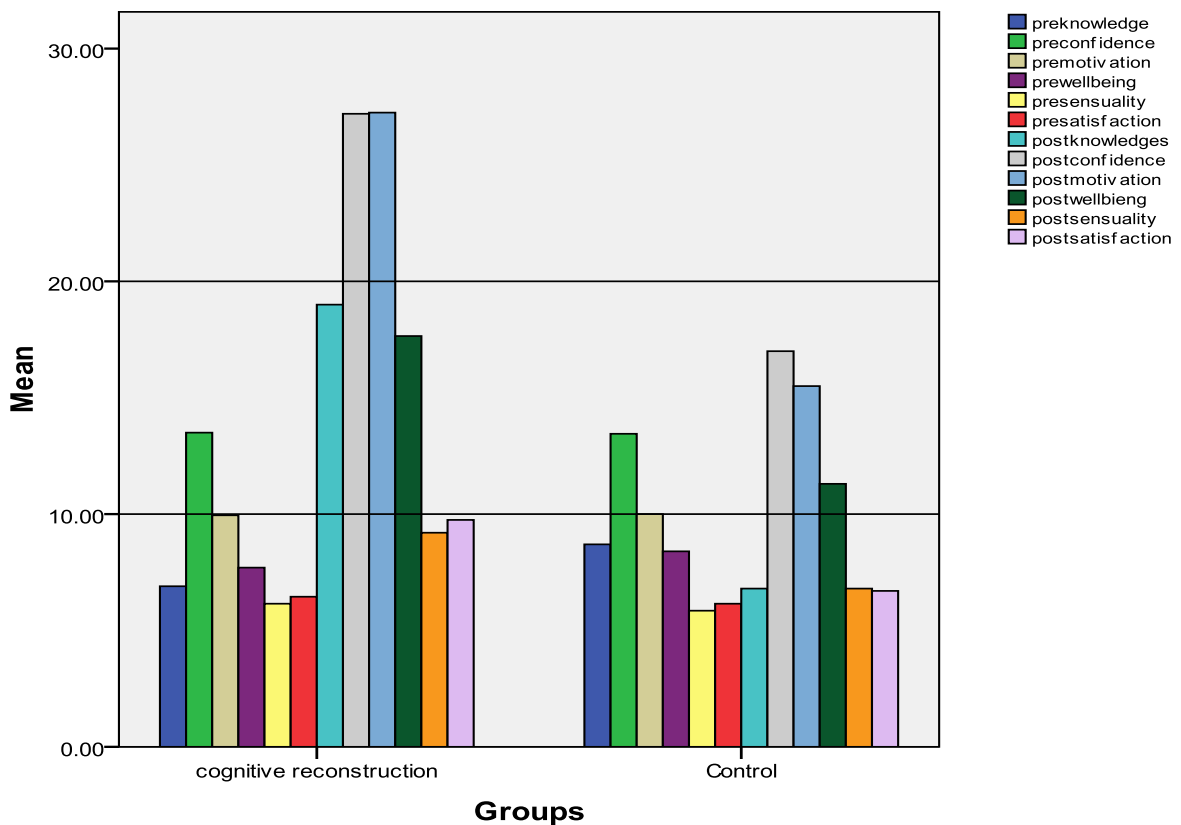
Data resulted from both research groups with sexual problems (each one with 10 couples) are studied in this section. Mean and standard deviations of subscales and total score of sexual problems are presented in table 1.

Table 2: Mean and standard deviations of subscales of sexual problems in pretest and post test of research groups

Group	HOOPER													
	Sex knowledge		Sex Confidence		Sex Motivation		Sex Wellbeing		Sensuality		Sex Satisfaction		Total	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Experiment														
Pre test	6.90	4.18	13.50	3.10	9.95	2.60	7.70	2.83	6.15	1.49	6.45	1.67	50.65	7.73
Post test	19.00	1.21	27.20	2.28	27.25	2.97	17.65	2.49	9.20	1.44	9.75	0.55	114.65	7.18
Control														
Pre test	8.70	4.19	13.45	2.28	10.00	3.56	8.40	1.98	5.58	1.14	6.15	2.43	52.55	6.99
Post test	6.80	4.16	17.00	6.58	15.50	8.31	11.30	4.38	6.80	2.09	6.70	2.36	64.10	24.48

Pre test and post test profile of two research group presented in above table according to subscales of sexual problems are presented in below figure.

Figure 1: mean of sexual problems subscales for two research groups in pre test and post test



Results of one variable and multivariate covariance analysis are presented in below table to compare adjusted means of sexual problems in two research groups.

Table 3: one variable and multivariate covariance analysis to compare adjusted means of sexual problems in two research groups

Variables	Groups				ANCOVA	
	Cognitive reconstruction(n=20)		Control(n=20)			
Statistics	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Sex knowledge	19.37	0.60	6.43	0.60	220.65**	0.87
Sex Confidence	27.42	1.09	16.78	1.90	45.59**	0.59
Sex Motivation	27.69	1.39	15.05	1.39	39.08**	0.55
Sex Wellbeing	17.98	0.78	10.96	0.78	38.56**	0.55
Sensuality	9.21	0.43	6.78	0.43	15.52**	0.33
Sex Satisfaction	9.74	0.37	6.71	0.37	31.74**	0.49

After studying pre assumptions of one variable and multi variable covariance analysis to study effect of cognitive restructuring method on combined dependent variable (total sexual problems subscales), after subtracting effect of pretests of variables posttests amount and obtaining adjusted averages values obtained in the study groups are compared.

According to Table 2, a significant covariance multivariate analysis of lambda wilks shows that there is significant difference between the two research groups in terms of combined dependant variable (sum of subscales sexual problems or total score sexual problems ($F(6, 27) = 33.99, \eta^2 = 0.88, p < 0.01$), in such a way that sexual problems explain 88 percent of differences between two groups. According to table 2 it is obvious that there is significant difference between two groups in terms of adjusted averages of sexual data post test ($F_{(1,32)}=220.65, \eta^2=0.87, p<0.01$), also there is significant difference between two research groups in terms of adjusted averages of post test of sexual confidence ($F(1,32) = 45.59, \eta^2 = 0.59, p < 0.01$). in addition it is observed that there is significant difference between two research groups in terms of adjusted averages of post test of sexual motivation ($F_{(1,32)}=39.08, \eta^2=0.55, p<0.01$). according to above table it is observed that there is significant difference between two research groups in terms of adjusted averages of post test of sexual health ($F_{(1,32)}=38.56, \eta^2=0.55, p<0.01$).it is also observed that for sexual pleasure subscale there is significant difference between two research groups ($F(1,32) = 15.52, \eta^2 = 0.33, p < 0.01$). for the last subscale it is also observed that mean of sexual satisfaction in both research groups are different significantly ($F_{(2,51)}=31.74, \eta^2=0.49, p<0.01$). Accordingly, generally by considering research findings with 99 percent assurance, average of adjusted post tests between two research groups is different significantly.

4. Discussion & conclusion:

According to the tables' data we see that Sexual Cognitive restructuring Therapy has been effective in reducing sexual problems and it has also affected positively increasing sexual confidence, sexual motivation, sexual health, sexual pleasure, and sexual satisfaction.

In this study, confounding variables including age, sex, education, marriage, children and pre-test were controlled. The results of this hypothesis are consistent with the following research: Burleson (1997), Christopher and Spritcher (2000), Cooper, P. J. (2006), Eshghi (2008), Hasanzadeh R,et al (2006), Hartmann et al (2002), Hulbert et al (1993), Jacobson (1979) Khazae ,M& et al (2011) , Masters&Johnson (1979), McCabe (1997) , Nabipour, A. (2006), Pak Gohar &et al (2008), Sasanpour& Shahverdyan (2012), Sasanpour (2007) Shams Moffarahe &et al. (2003), Ritzer (2000). Sexual activity is an important part of a marital life. Many couples feel welcome and the psychological satisfaction. In times of stress and tension, sexual activity helps men and women to appropriately deal with the pressures or

reduce its harmful effects. Couples, who are not satisfied with the types of sexual activity, will face sexual problems, such as sexual dissatisfaction and marital dissatisfaction, dysfunctional family reactions, signs of infertility disorders and psychiatric conditions. To achieve a successful and happy marriage, healthy sex education is considered as an important factor.

Treatment and educating couples to proper understand each others' character and tendencies, correction of beliefs and attitudes, teaching appropriate and reasonable methods to fulfilling physical and emotional needs; can be one of the main paths of consultancy sessions before marriage. In fact, help couples to improve the quality of marital relationships, has a significant effect on increasing marital satisfaction and it plays a significant role in preventing family disputes and their resulted consequences.

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